# PHYSICIAN'S ANESTHESIOLOGIST ASSISTANT
# REFERENCE FORM

**FROM (PHYSICIAN'S NAME): _____MD/DO (CIRCLE ONE)**

**PHYSICIAN'S SPECIALTY:_____BOARD CERTIFIED: _____YES _____NO**

**FOR CANDIDATE:** _____
**Last Name First Name Middle Name**

**I offer the following evaluation:**

| | Above Average | Average | Below Average |
|---|---|---|---|
| Demonstrates competence in Anesthetic Practice | | | |
| Applies Safe Principles to Anesthetic Practice | | | |
| Assessment of Clinical Skills | | | |
| Professionalism | | | |
| Quality of Patient Care | | | |
| Seeks Consultation when necessary | | | |
| Demonstrates Openness to Criticism | | | |
| Emotional Stability | | | |

2. **What is your professional relationship?** _____

3. **Length of time known/ worked with candidate?** _____

4. **I do have _____ do not have _____ any reservations in recommending the above PA for licensure. If you have reservations, please explain** _____

   _____

5. **Do you have reservations or concerns about this applicant that you would like to discuss in a phone call with Medical Board staff? _____YES _____NO (please circle one).**

   **If yes, what is the best day and time to contact you?_____**

_____
Physician Signature Date

_____
Address

_____
City State Zip

_____
Phone # Fax #

**Mail to:**
**Georgia Medical Board**
**Attention: Physician's Assistant Unit**
**2 Peachtree Street, N.W. – 36th Floor**
**Atlanta, GA 30303**